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- **CNE/CEU's are available for this live webinar. You must take the pre and post tests. 80% is required on the post test to receive CNE/CEU's.**
- **Certificates will be emailed out to you within two weeks**

# **S**hared **M**edical **A**ppointments:

**Individual Medical Visits in Group Format  
and**

**Optional**

**Group Lifestyle Change/Patient Education**

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**Certified Endocrinology Coder**

**Mary Ann Hodorowicz Consulting, LLC** 4-18-15



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# Learning Objectives

1. State what a shared medical appointment is
2. Name the CPT codes used by physicians and mid-levels to bill for their services in a shared medical appointment (SMA).
3. List the 19 health care benefits furnished by a behaviorist (e.g., RD, CDE, clinical psychologist) that can potentially be rendered and billed to insurers for the lifestyle change/pt education component of SMA.
4. Explain the response received from CMS regarding the billing by physicians for their services in a SMA.



**I Promise I Won't Put You to Sleep!**



# Shared Medical Appointment Defined

- Delivery of component #1 and optional component #2:
  - #1. Provider's individual patient visits for follow-up care in **group** setting
  - #2. Behaviorist's lifestyle change/patient education intervention, separate from (after) provider's visits
- *"Group visits through which several patients meet with the same provider(s) at the same time."* (Weinger)
- Other name: group medical visit
  - Avoid using, as pts think they get LESS personalized care

# Shared Medical Appointment Defined

- Typically targeted to outpatients with common medical, psychiatric or other problem (e.g. frail elderly)
  - Diabetes or pre-diabetes
  - HTN and/or lipid dysfunction (metabolic syndrome)
  - Smoking addiction
  - Mental illness (e.g., bipolar disorder)
  - Heart failure

# Provider Definitions

- Primary Provider
  - MD, DO, NP, PA, CNS
- Assistants to Primary Provider
  - RN, LPN, MA
- Behaviorist
  - RD, CDE, social worker, clinical psychologist
- Documenter/Scribe
  - Specially trained to write scripts, take notes, document (chart) in “real-time” (RN, MA, RD)

IN 1.5 to 2 HOURS, 10 – 12 OUTPATIENTS PARTICIPATE IN

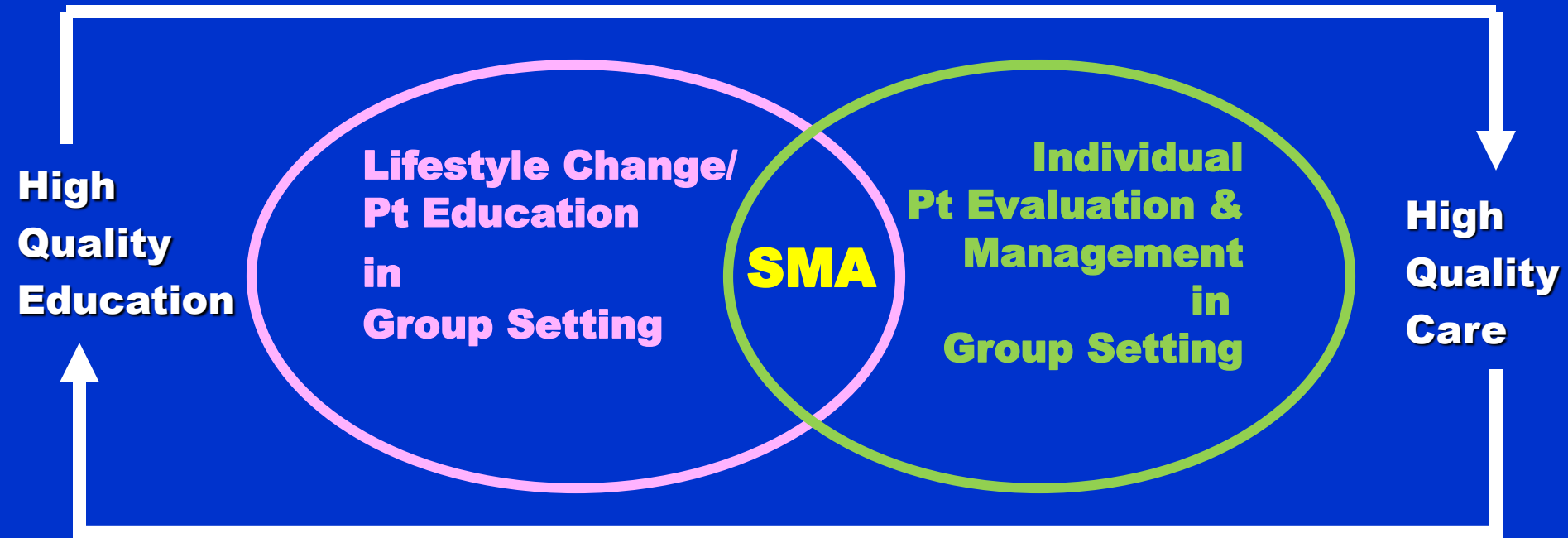
**SHARED MEDICAL APPOINTMENT** for:

**INDIVIDUAL PATIENT E/M VISITS by PROVIDER**

plus

**LIFESTYLE CHANGE/PT EDUCATION by BEHAVIORIST**

**in INTERACTIVE GROUP SETTING**



# Individualization of Patients' Medical Care

- Accomplished via 5 core actions by **physician**:
  1. Attends to patients individually and sequentially
  2. Furnishes similar medical services to each patient
  3. Remains in the group until all pts receive E/M visit
    - Exceptions: patient disrobing and/or private discussion occurs in adjacent exam room



# Individualization of Patients' Medical Care

4. Documents all elements of E/M visit furnished in each pt's record during SMA (or scribe does documentation, such as RN or MA)
5. Consistently focuses on medical care throughout E/M component of SMA



# Incenting Group Discussion

- Room set up is conducive to group discussion
  - Brightly lit
  - Round table for patients to face each other
  - Comfortable chairs (some armless for obese pts)
- Pts informed **ahead of time** (via letter) of key “do’s”:
  - Keep group discussion positive, respectful
  - Do not discuss pt information outside of SMA
  - Do not bring pets, infants, children
- Behaviorist for **lifestyle change/pt education** component is trained in facilitating group discussion





# Benefits of SMAs: **Patient** Perspective

- Each patient's unique medical needs individually addressed in 1:1 visit with provider
- Improves time and communication with physician
  - Pts feel they are getting full 90 – 120 min. of 1:1 physician time. **Why?**
    - All pts in similar age group that share **same** illness and **same** problems; so physician's discussion with **1** pt applies to **all** pts in group

# Benefits of SMAs: **Patient** Perspective

- Helps give pt:
  - Balanced perspective on illness
  - Peer support, help and encouragement
    - Humans very similar to **animals in the wild**: we all need to bond together in groups to improve quality and longevity of life:

<b>Flock of birds</b>	<b>Pack of dogs</b>	<b>Gaggle of geese</b>
<b>Pride of lions</b>	<b>Nest of hornets</b>	<b>Pack of wolves</b>
<b>Colony of ants</b>	<b>Family of monkeys</b>	<b>Hive of bees</b>
<b>Herd of elephants</b>	<b>Cackle of hyenas</b>	<b>Swarm of bees</b>

# Benefits of SMAs: **Patient** Research

- Improvements health behaviors leading to ↑ health outcomes, such as:
  - Improved blood glucose control, ↓ A1C, etc.
- Improvements in other health indicators
  - Increased primary care visits
- Decrease in costly medical resources/care:
  - ↓ ER visits
  - ↓ Rx meds
  - ↓ therapies

# Benefits of SMAs: **Patient** Research

- Improvements in patient satisfaction
  - ↑ satisfaction of diabetes management
  - ↑ feeling of quality of care
  - ↑ in sense of trust in provider
- Improvements in health communication
  - ↓ in advice-seeking between SMA visits
  - ↑ in patient self-efficacy in physician-patient communication

# Benefits of SMA: **Physician** Perspective

- Huge demands on limited time
- Increased frustration now due to:
  - Seeing many more pts in a lot less time
  - Squeezing more full-length visits into each day
  - Working 100+ hours a week
  - Need more help, but question affordability
  - Receiving too little insurance reimbursement

# Benefits of SMA: **Physician** Perspective

- Concern for pts' self-management adherence
  - Seeking new ways to improve outcomes
- Better use of time and resources
  - Increased **physician** productivity:
    - Saves time
    - Increases revenue
    - Improves resource efficiency
  - Provides needed peer support among patients



# SMAAs Address Emerging Healthcare Reality

- Chronic illness = pressing public policy issue
  - Requires comprehensive pt self-management skills
    - Complicated by demands on physicians' time
- Focus is on:
  - Advancing patient-centered care
  - Eliminating barriers to access to care
  - Improving quality of care
  - Improving all outcomes
  - Conserving resources (time, money, physical, etc.)



# Patients Who Should Attend SMA

- **Patients Needing:**
  - Routine f/up, established care (not for initial E/M visit)
  - Extensive knowledge and skills on behavior change
  - More time and support
- **Patients Who Have:**
  - Chronic illnesses, or
  - Psychosocial issues



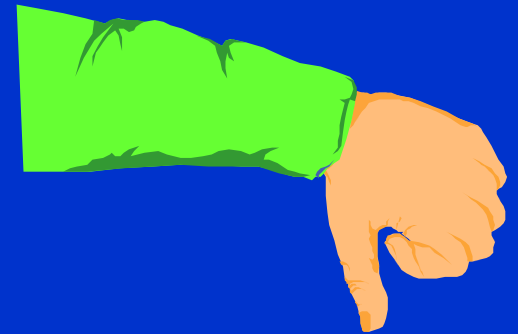
# Patients Who Should Attend SMA

- **Patients Who Are:**
  - Relatively stable
  - Compliant or non-compliant
  - Difficult or problematic
  - High or low utilizers of medical services
  - Willing to attend (voluntary)



# Patients Who Should NOT Attend SMA

- **Patients Who Need:**
  - Initial E/M provider visit (evaluation & management)
  - One-time consult
  - Emergency medical care
  - Complex medical procedures
- **Patients Who Have:**
  - Severe psychological issues
  - Serious acute infectious illnesses
- **Patients Who Refuse to Attend**



# Necessary Elements for Start-Up

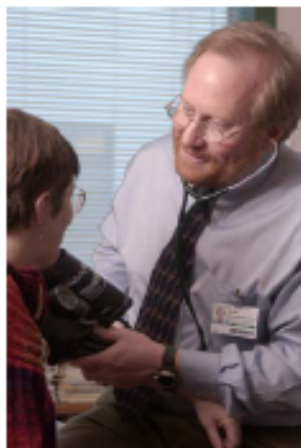
- Leadership support....“champion”
  - One individual to serve as primary planner and implementer of SMA
- Patient buy-in
  - Patients must understand and be convinced of SMA legitimacy and benefits **ahead of time**
- Provider and ancillary staff buy-in
  - Concerns regarding SMA model must be addressed
  - Obtaining behaviorist and rest of team

## IS AN SMA RIGHT FOR ME?

We are very excited about this program. Shared Medical Appointments have been shown to provide many benefits to patients and to doctors. One of these benefits is that other patients in the group may bring up questions that you may not have thought to ask. The appointment is held in a comfortable, shared setting in which your doctor has ample time to answer your questions. Imagine having 1 – 1½ hours with your doctor.

Shared Medical Appointments do not take the place of individual appointments, they are simply another way that we are trying to give you time with your doctor – when you need it.

You may receive a brief physical exam in private if your doctor thinks one is necessary, and you will have time at the end to speak with your doctor if you still have questions. You will receive prescriptions if you need them and have necessary tests ordered just like in every other appointment.



## SHARED MEDICAL APPOINTMENTS



*Making Time for  
Everything You Need*

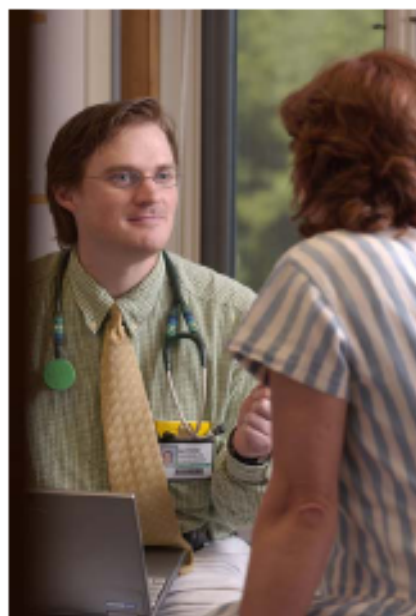


DARTMOUTH-HITCHCOCK MEDICAL CENTER

Rev: 9/16/03

## LONGER APPOINTMENTS, MORE CARE

Your doctor is committed to quality patient care. As a result, we are now offering Shared Medical Appointments (SMAs). SMAs are longer health visits with your doctor. They are held in a comfortable group setting, and can bring more health benefits to you and your loved ones.



## THE RIGHT SETTING FOR LEARNING

SMAs may last from 1½ to 2½ hours. An extended medical appointment in a shared visit setting enhances your care experience. Your doctor will be able to address in detail many issues of mutual interest to patients in a warm, supportive group setting where all can listen and learn.

In the SMA setting, you can learn from your doctor, and from other patients. You can ask your doctor questions about your condition and treatment. Other patients in the group may bring up issues you may have also thought about but may not have asked. In this way, we can learn from each other. Some SMAs are open to your family or caregivers.

## MORE CONVENIENT CARE

SMAs do not necessarily take the place of regular appointments. If you prefer an individual appointment, you may ask to be scheduled in one.

## RESPECTING YOUR PRIVACY AND INDIVIDUALITY

If you need it, you can have individual, one-on-one care with your doctor. There will be time to speak to your doctor in private if all of your questions are not answered in the shared setting.

## YOU ARE NOT ALONE

Many patients have already benefited from SMA groups. They like spending more time with their doctor and with other who have the same issues. This helps them to understand their condition and its treatment better. You may benefit from these special appointments, too. Ask your doctor today if an SMA is right for you.

# Managing the SMA: It Takes Team Work!

- Champion: Acts as lead for entire implementation and secures administrative support
- Physician or NP/PA/CNS (can bill for E/M visits)
- Behaviorist (RD, RN, CDE, clinical psychologist, etc.)
- Unit secretary, receptionist or outpatient registrar
- RN and medical assistant
- Medical biller
- Patients
- Patients' significant others, caregivers



# Structure of SMA for Diabetes Patients

- Session length: 1-1/2 to 2 hours
- Attendees:
  - 15 - 20 pts + pts' family and/or caregivers
  - Multiply x3 the number of pts that physician can see in 1 hour in traditional exam room visits...example:
    - 4 pts 1:1 in exam room x 3 = 12 pts in 1 hour SMA
- Follow-up interval: same as for traditional # of medical visits for specific chronic disease that SMA addresses. Note: more frequent may not be paid by insurer.



# Tips on SMA Work Flow...

Sort  
of  
Training!



# **SMA Work Flow...Many Types!**

**There are as many different types of  
SMA work flows and designs  
as there are stars in the sky!**



# SMA Work Flow: Unit Secretary/Registrar

- **One month before SMA:**

- Sends letters to pts to remind them of SMA date

- **One week before SMA:**

- Calls pts to remind them of SMA date and encourages them to bring family, caregivers
- Prepares educational handouts for lifestyle change component (e.g., DSME or MNT)

# SMA Work Flow: Unit Secretary/Registrar

- **On Day of SMA**

- Before pts arrive, prepares refreshment table in conference room and sets up AV equipment for behaviorist use in lifestyle change/pt education component
- Checks pts in as they arrive (via EMR registration)
- Collects pt co-pays (if part of office procedure)
- Gives pt name tags

# SMA Work Flow: Unit Secretary/Registrar

- **In last 15 minutes of SMA**
  - Schedules next appointment for each pt
  - Enters billing data into EMR billing module

# SMA Work Flow: RN or Medical Assistant

- Escorts pt into SMA room after completes registration
- Welcomes group and introduces all team members
- Asks who will need to leave early
- Explains:
  - Housekeeping details, where bathrooms are, etc.
  - How and why SMA is conducted
  - That **RN** will take pts out of room one at a time in order to complete intake in adjacent private room

# SMA Work Flow: RN or Medical Assistant

- Gives pts forms to complete in conference room:
  - ***Diabetes Self-Assessment (DSA)*** which includes:
    - ***History of Present Illness (HPI)***
    - ***Review of Systems (ROS)***
    - ***Patient/Family/Social History (PFSH)***
  - Helps pts complete as needed
- Collects ***DSAs*** as they are completed
- Enters ***DSA*** data at scribe table in SMA room

# SMA Work Flow: RN or Medical Assistant

- **At Start of SMA**

- **RN** completes intake on each patient privately in nearby room:
  - Reviews **DSA** form with pt; edits as necessary
  - Does BG check; may also download BG meter
  - Takes vitals: BP, wt, temp, pulse, heart
    - ❖ Enters BG/vitals data into EMR simultaneously
- Continues pt intakes at same time that **physician** simultaneously starts medical visits within group



# SMA Work Flow: RN or Medical Assistant

- **During SMA:**

- May document in EMR **physician's** visits (if **physician** does not)
- Documents/scans (during SMA) pts' completed:
  - *Diabetes Self-Assessments*
  - *Take-Home Instruction Sheets*
  - *Post-Appointment Order Sheets*
- May assist with facilitation of group discussion, if necessary, during E/M visits

# A Colleague Helping a Colleague!



# SMA Work Flow: Behaviorist

- **RD, RN, CDE, clinical psychologist**
- May assist **physician** with medical visits in group:
  - May write new medication Rx's and referral forms
  - Completes *My Diabetes Action Plan* for pt
  - Completes *Take-Home Instruction Sheet* for pt
- May help **medical assistant** with EMR documentation of **physician's** medical visits
- May help to ensure pts get appointment from **secretary** for next SMA visit

# SMA Work Flow: Behaviorist

- May assist **physician** with medical visits if necessary (incl., documentation, writing medication scripts, etc.)
- Conducts lifestyle change/pt education component after **physician's** medical visits
- Helps to ensure pts adhere to SMA rules:
  - Helps manage pt confidentiality
  - Keeps group on schedule so all pts' needs met
  - Ensures no one pt dominates conversation

# SMA Work Flow: Behaviorist

- Gives pts *SMA Evaluation Forms* and collects
- Documents her/his component in EMR





# SMA Work Flow: Physician

- Identify patients who would benefit from attending SMA
  - Best that patients are homogenous in disease type, age, language spoken, etc.
- Compose an explanatory / invitation letter to mail to these patients (sent about two weeks prior to SMA by unit secretary)

## Medical Office Letterhead

Date \_\_\_\_\_

Dear \_\_\_\_\_,

I want to invite you to participate in a new way of delivering medical care. This program is designed specifically for (describe group: patients with \_\_\_\_\_, patients over 65). By choosing to participate you will be asked to:

- Become a member of a small group of patients with \_\_\_\_\_. This group will meet every month with me to address medical and other issues of concern to you.
- Help us develop the program for your particular group.
- Help evaluate the success of the program in meeting your needs.

Most of the time when you come in to the clinic, you are ill or have a specific problem that we need to talk about. Discussions about managing or improving your health are often hard to fit into these short visits. The purpose of this group is improved health. In the group we will discuss ways you can maintain or improve your health and make sure you are up-to-date with care recommended for you.

The first group visit will be held \_\_\_\_\_ (day and date) from \_\_\_\_\_ (am or pm). These group visits will be held at \_\_\_\_\_. We encourage you to bring a family member with you. Since this visit is a medical appointment, please cancel if you cannot attend.

If you are interested, please RSVP by \_\_\_\_\_ (date) to \_\_\_\_\_ (name) at \_\_\_\_\_ (phone number). If you are not interested, you will continue to receive usual health care.

Your Physician

## Source:



GROUP MEDICAL APPOINTMENTS  
DIGMAs—Physicals SMAs—CHCCs

<http://www.hqontario.ca/Portals/0/Documents/qi/learningcommunity/Roadmap%20Resources/Advanced%20Access%20and%20Efficiency/Step%205/pc-nha-group-medical-appointments-manual-en.pdf>



# SMA Work Flow: Physician

- Provides f/up evaluation and management (E/M) visit to each pt in group (just as in individual visits)
  - If private visit requested, occurs at same time as lifestyle/behavior change component by **behaviorist**
- Reviews with pt (within group format)
  - ***Diabetes Self-Assessment*** information
  - Vitals, BG check, signs and symptom
  - Current Rx med list
  - Does monofilament foot exam

# SMA Work Flow: Physician

- Helps pt set goals and develops pt's *plan of care*:
  - Med changes
  - Referrals
  - Lab and other tests
  - Lifestyle change suggestion re: diet, exercise, etc.
- Documents each pt's medical info into EMR or paper chart (if **RN** or **medical assistant** does not do)

# SMA Work Flow: Physician

For 10 pts, physician will spend  
~ 60 - 70 minutes (6 - 7 minutes per patient).

All patient's problems will have been managed,  
lifestyle change topics discussed  
and  
all documentation complete.

# SMA Work Flow: Physician

- Completes **physician** section on Progress Note:
  - Primary diagnoses
  - Plan of care
  - Next f/up visit interval
  - Orders
  - Pt instructions
- Completes pt's take-home forms (or **RN** or **MA** completes as **physician** discusses with pt):
  - *Take-Home Instruction Sheet*
  - *Post-Appointment Order Sheet (next slide)*

Patient's name: \_\_\_\_\_  
Upcoming visits/labs, if any: \_\_\_\_\_ Date of last annual exam: \_\_\_\_\_

**TODAY AND RETURN:** Patient needs the following tests and should return today;

or ☐ **RELEASE:** Patient needs the following tests today and can then be released.

- |                                                                      |                                                              |                                                                     |
|----------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Chest X-ray 786.2 or 786.09                 | <input type="checkbox"/> Serum protein electrophoresis 285.9 | <input type="checkbox"/> Stool culture and sensitivity 787.91       |
| <input type="checkbox"/> X-ray, flat and upright, of abdomen 789.00  | <input type="checkbox"/> B12 285.9 NEEDS WAIVER SIGNED,      | <input type="checkbox"/> Ova and parasite exam x 3 787.91           |
| <input type="checkbox"/> Doppler ultrasound, lower extremities 729.5 | 289.89 (macrocy), 294.1 (dementia)                           | <input type="checkbox"/> Urinalysis 788.41 or 780.79                |
| <input type="checkbox"/> Brain natriuretic peptide 428.0             | or 357.4 (neuropathy)                                        | <input type="checkbox"/> Urinalysis C&S 599.0                       |
| <input type="checkbox"/> C-troponin I 786.5                          | <input type="checkbox"/> Folate 285.9                        | <input type="checkbox"/> Erythrocyte sedimentation rate 780.79      |
| <input type="checkbox"/> BUN/creatinine 401.1 or 780.79              | <input type="checkbox"/> Serum HCG 626.0 or 787.02           | <input type="checkbox"/> Albumin, alkaline phosphatase, SGOT, SGPT, |
| <input type="checkbox"/> Sodium/potassium 401.1 or 780.79            | <input type="checkbox"/> Free T4 244.9                       | total bili 789.00                                                   |
| <input type="checkbox"/> Complete blood count 780.79, 285.9 or 578.1 | <input type="checkbox"/> Amylase 789.00                      | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Thyroid stimulating hormone 780.79 or 244.9 | <input type="checkbox"/> H. pylori screen 536.8              |                                                                     |
| <input type="checkbox"/> Ferritin 285.9                              | <input type="checkbox"/> Digoxin level 427.31                |                                                                     |

**FOLLOW-UP APPOINTMENT:** Patient should return to clinic in \_\_\_\_\_ months for chronic disease follow-up.

The following tests should be obtained one week before appointment unless results are available within 30 minutes.

- |                                                                                                           |                                                             |                                                                         |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Chest X-ray 486 or 793.1                                                         | <input type="checkbox"/> Hg 285.9                           | <input type="checkbox"/> Sodium/potassium/creatinine/                   |
| <input type="checkbox"/> Mammogram <input type="checkbox"/> L <input type="checkbox"/> R 793.89 or V76.12 | <input type="checkbox"/> BUN/creatinine 401.1               | Hg 593.9 or 401.1                                                       |
| <input type="checkbox"/> Lipids/SGOT 272.0                                                                | <input type="checkbox"/> 1 month & 2 month INR & call;      | <input type="checkbox"/> Microalbumin/creatinine 250.00 or 790.6        |
| <input type="checkbox"/> CRP 272.0 or V70.0                                                               | 3 month INR & appt V58.61                                   | <input type="checkbox"/> Renal ultrasound, iron/iron binding, ferritin, |
| <input type="checkbox"/> Fasting blood sugar and A1C 790.6 or 250.00                                      | <input type="checkbox"/> Thyroid stimulating hormone 244.9  | parathyroid panel 593.9                                                 |
| <input type="checkbox"/> Fasting blood sugar 790.6, 250.0 or V70.0                                        | <input type="checkbox"/> Free T4 244.9 or 242.90            | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> 2-hr postprandial glucose 790.6 or 250.00                                        | <input type="checkbox"/> Erythrocyte sedimentation rate 725 |                                                                         |
| <input type="checkbox"/> Retic count 790.6 or 250.00                                                      | <input type="checkbox"/> Digoxin level 427.31               |                                                                         |

**ANNUAL EXAM:** Patient should return to clinic in \_\_\_\_\_ months for annual exam.

The following tests should be obtained one week before appointment unless results are available within 30 minutes.

- |                                  |                                                              |                                       |
|----------------------------------|--------------------------------------------------------------|---------------------------------------|
| <b>Standard tests:</b>           | <input type="checkbox"/> Sodium/potassium/creatinine/        | <input type="checkbox"/> Other: _____ |
| Lipids/SGOT 272.0 or V70.0       | microalbumin 401.1                                           |                                       |
| Fasting blood sugar V77.1        | <input type="checkbox"/> Diabetic panel & appt with diabetes |                                       |
| Hg V70.0                         | educator 250.00                                              |                                       |
| Mammogram V76.12, 610.1 or V16.3 | <input type="checkbox"/> Fasting blood sugar & A1C 790.6     |                                       |
| PSA (if male over 50) V76.44     | <input type="checkbox"/> Thyroid stimulating hormone 244.9   |                                       |

**PROCEDURE:** Patient should return to clinic in \_\_\_\_\_ months.

The following tests should be obtained one week before appointment unless results are available within 30 minutes or unless noted as "same day."

- |                                                                        |                                                                         |                                                                |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Stress echocardiogram 786.50                  | <input type="checkbox"/> Upper gastrointestinal X-ray (same day) 789.00 | <input type="checkbox"/> 72-hr glucose monitor 250.00 or 790.6 |
| (B-blocker? <input type="checkbox"/> yes <input type="checkbox"/> no)  | <input type="checkbox"/> Flexible sigmoidoscopy V70.0                   | <input type="checkbox"/> Diabetic appt w/ NP 1:1               |
| <input type="checkbox"/> Stress test 786.50 or 414.01                  | <input type="checkbox"/> Flex sig w/ air contrast/barium enema          | <input type="checkbox"/> Dietitian appt                        |
| <input type="checkbox"/> Echocardiogram 428.0 or 427.31                | (same day) V16.0 or 578.1                                               | <input type="checkbox"/> Diabetes class                        |
| <input type="checkbox"/> 24-hr Holter monitor 785.1 or 780.2           | <input type="checkbox"/> CT, abdomen/pelvis (same day) 789.00           | <input type="checkbox"/> Weight-management class               |
| <input type="checkbox"/> Overnight oximetry 780.79                     | <input type="checkbox"/> Pelvic ultrasound w/ vaginal probe             | <input type="checkbox"/> Smoking cessation                     |
| <input type="checkbox"/> 24-hr ambulatory blood pressure monitor 796.2 | (same day) 627.1                                                        | <input type="checkbox"/> Flu clinic                            |
| <input type="checkbox"/> Ankle-brachial index 729.5                    | <input type="checkbox"/> Thyroid ultrasound (same day) 241.0            | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> Carotid ultrasound (same day) 785.9           | <input type="checkbox"/> CT, head (same day) 784.0                      |                                                                |
| <input type="checkbox"/> Aortic ultrasound (same day) V70.0            | <input type="checkbox"/> CT, chest (same day) 793.1                     |                                                                |
| <input type="checkbox"/> Right upper quadrant ultrasound               | <input type="checkbox"/> Endometrial biopsy                             |                                                                |
| (same day) 789.00                                                      | <input type="checkbox"/> DEXA scan 627.2, 733.90 or 733.0               |                                                                |

**Referral:** Patient needs appointment with Dr. \_\_\_\_\_ for the following reason: \_\_\_\_\_

**Note:** Default ICD-9 codes for each test are listed above. Where needed, circle the alternative diagnosis code.

# Practical Tips

- Ask pts ahead of time who needs to leave early (so needs are met...Rx renewal)
- Ensure team members have large depth of expertise
- Cross-train all members
- Before end of SMA:
  - Ask group what lifestyle/behavior change topic for NEXT SMA
  - Discuss future date



Lord, give me

**COFFEE**

to change the things

I can change

and

*Wine*

to accept the things

I can't.





# Practical Tips

- Have lifestyle change topic prepared BUT:
  - Be ready to put hold topic IF group wants another
- Maintain control of SMA:
  - Redirect if group gets too far off topic
- Address personal issues (substance abuse, ED) in private room
  - If pt brings up, okay to discuss

# Maintain Diabetes Patient Registry in EMR

## Diabetes Registry

PCP: John Smith, MD

RWC

Patient with Diabetes Diagnosis Seen from 01/01/03 As of 03/25/05

Patient Name	MRN	Home Phone	Birth Date	Sex	Last Visit	Last Visit Provider	BP	Last A1c Order Date	A1c Value	Last A1c Order Date	Last LDL Order Date	LDL Value	Last LDL Order Date	Last Micro Albumin Order Date	Alb-Creat Ratio Value	Last Micro Albumin Order Date
PATIENT A	XXXXX	123-4567	00/00/00	M	12/7/2004	SMITH, JOHN	140/80	12/2/2004	6.5	12/2/2004	12/2/2004	82	12/2/2004	12/2/2004	<30	12/2/2004
PATIENT B	XXXXX	123-4567	00/00/00	F	10/21/2004	SMITH, JOHN	126/72	10/21/2004	8.3	10/21/2004	7/9/2004	100	7/9/2004			
PATIENT C	XXXXX	123-4567	00/00/00	M	1/13/2005	DOE, JANE	120/64	1/13/2005	6.4	1/13/2005	1/13/2005	142	1/13/2005			
PATIENT D	XXXXX	123-4567	00/00/00	F	9/10/2003	DOE, JANE	118/90	9/16/2003	0	9/16/2003	9/16/2003	136	9/16/2003			
PATIENT E	XXXXX	123-4567	00/00/00	M	1/31/2005	SMITH, JOHN	144/72	1/31/2005	9.6	1/31/2005	9/18/2004	155	9/18/2004	3/9/2002	>300	11/9/2003
PATIENT F	XXXXX	123-4567	00/00/00	F	4/28/2004	SMITH, JOHN	/									
PATIENT G	XXXXX	123-4567	00/00/00	M	12/28/2004	SMITH, JOHN	162/64	11/2/2004	12.5	11/2/2004	11/12/2002			11/12/2002	<30	11/12/2002
PATIENT H	XXXXX	123-4567	00/00/00	F	1/27/2005	SMITH, JOHN	110/72	5/28/2040	9.7	1/27/2005	8/20/2004	254	1/27/2005			
PATIENT I	XXXXX	123-4567	00/00/00	M	11/19/2004	SMITH, JOHN	110/70	11/19/2004	7.2	11/19/2004	11/19/2004	110	11/19/2004	7/10/2002	<30	7/10/2002
PATIENT J	XXXXX	123-4567	00/00/00	F	3/2/2005	SMITH, JOHN	116/68	3/5/2005	6.9	3/5/2005	3/5/2005	119	3/5/2005	3/5/2005	<30	3/5/2005
PATIENT K	XXXXX	123-4567	00/00/00	M	1/14/2005	JONES, DAVID	118/78	3/22/2004	7.3	1/18/2005	3/22/2004	133	1/18/2005	12/2/2003	<30	12/2/2003
PATIENT L	XXXXX	123-4567	00/00/00	F	5/26/2004	SMITH, JOHN	114/84	6/19/2003	0	6/19/2003	6/19/2003	154	6/19/2003			
PATIENT M	XXXXX	123-4567	00/00/00	M	3/18/2005	SMITH, JOHN	156/80	2/15/2005	13.4	2/15/2005	8/15/2001	88	8/15/2001	8/15/2001	30-300	8/15/2001
PATIENT N	XXXXX	123-4567	00/00/00	F	3/11/2004	SMITH, JOHN	160/82	3/11/2004	9.6	3/11/2004						
PATIENT O	XXXXX	123-4567	00/00/00	M	4/24/2003	JONES, DAVID	130/64	4/24/2003	0	4/24/2003						

# Primer on SMA Preparation

- Secure support of administration
- Establish SMA team and roles of members
- Decide on minimum/maximum census
  - 10 – 12 pts for 1 **physician**
- Encourage pts to bring family, caregivers
  - Usually 50% will bring at least 1

# Primer on SMA Preparation

- Identify patient population....example:
  - Homogenous for type of diabetes, age range
- Identify space for private intake area and bathroom
- Establish scheduling system



# Primer on SMA Preparation

- Develop or agree on:
  - Letter to pts explaining concept
  - HIPAA confidentiality form for pt signature
  - Lifestyle change/pt education evidence-based protocols
  - ADA recognition or AADE accreditation for DSME program for billing Medicare
  - Pt EMR registry (database)

# Primer on SMA Preparation

- *Diabetes Assessment/Progress Note* (paper, if EMR not used)
- *Diabetes Self-Assessment* (paper, if EMR used)
- *My Diabetes Action Plan*
- *Take-Home Instruction Sheet*
- *Post-Appointment Order Sheet*
- *SMA Evaluation Form*

# SMA Team's "Golden Group Rules"

1. Focus on being:

- Relationship-centered
- Task-focused

2. Leader is privileged to have role, as

- Group belongs to attendees
- Group picks own lifestyle change topics

3. Do not hog airways during group interaction

- Wrap up after minute of explaining

4. Finish on time



# SMA Team's "Golden Group Rules"

## 5. Get support to deal with logistics:

- Pulling charts
- Reserving and setting up meeting room
- Calling pt to remind of SMA date
- Sending explanation/invitation letter
- Ordering and setting up refreshments

## 6. Make it fun!

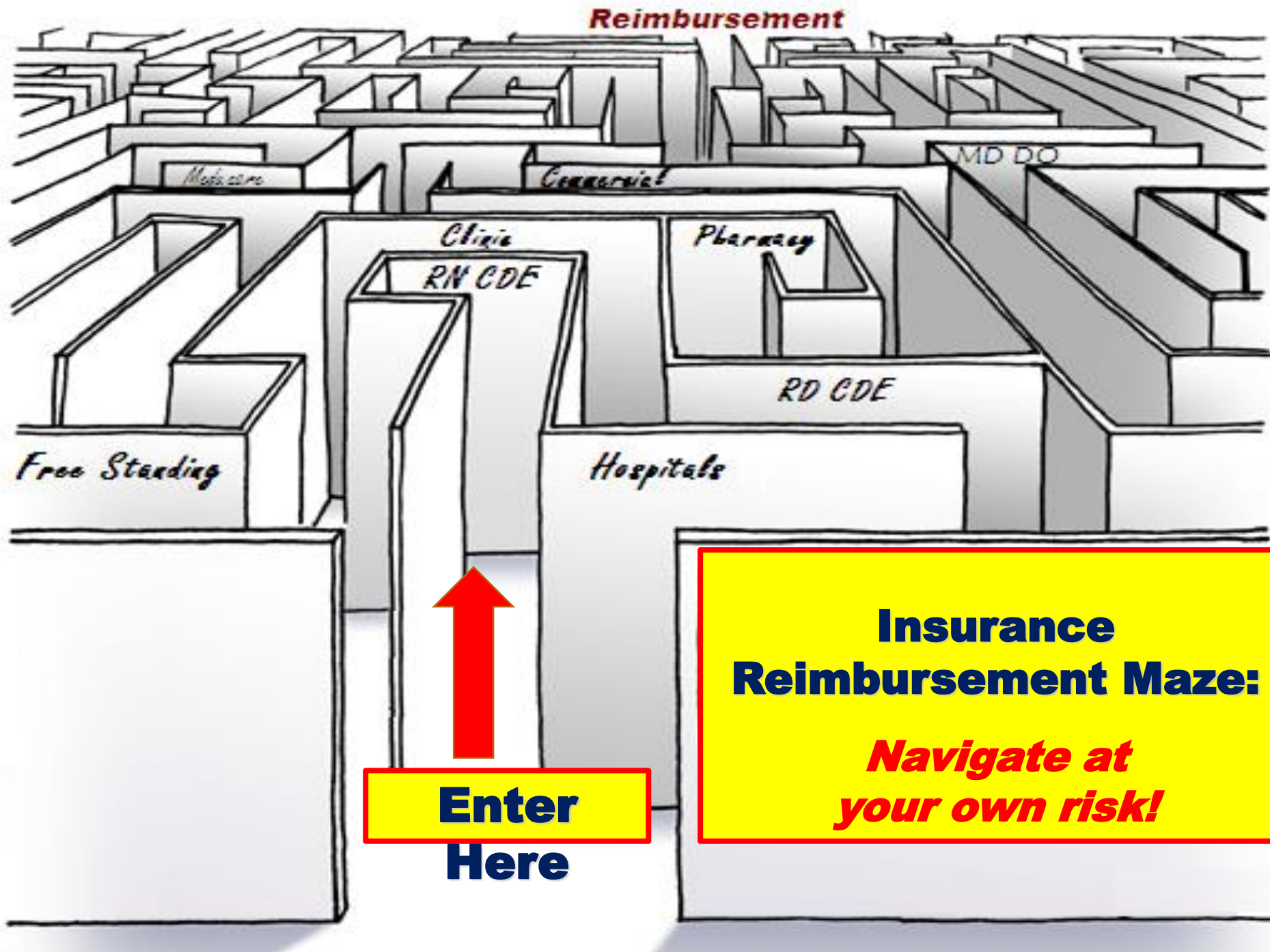
- Humor and positive attitude are essential

# Potential Barriers to Effective SMA

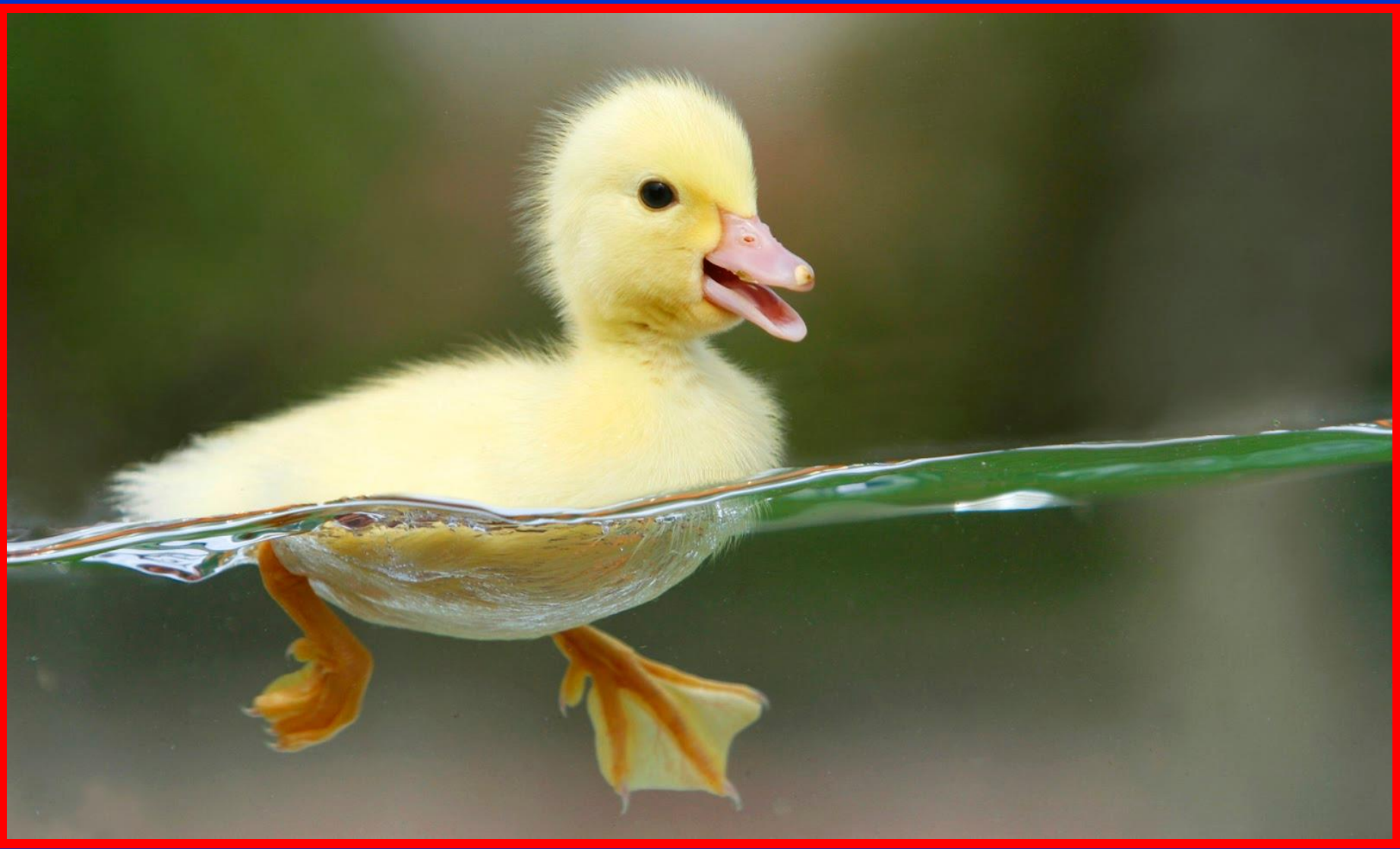
- Inadequate meeting room space
- 3-4 team members not available for each SMA
- Lack of administrative support
- Lack of on-going communication with staff
- Inadequate electronic pt registry and data management systems
- Not keeping SMAs fresh with new behavior topics
- Pts who interfere, are difficult, monopolize discussion

# **Money Matters in SMAs: Billing and Reimbursement**





**Lets Start This Journey of Money Matters!**



# Healthcare Insurance Reimbursement Rules Are All About These “C’s”:

C Confusing

C Complicated

C Complex

C Convoluted

C Copious

C Cumbersome

C Constantly C Changing

**Buckle you seat belts...here we go!**

# The Golden Rule

- He who has the gold makes the rules!
- He who wants the gold must identify all the rules...and follow all the rules.
- He who doesn't follow the rules will likely have to give all the gold back.....and pay penalties and fines.
- He who has to give all the gold...along with penalties and fines...will likely be out of a job!

**INSURER'S RULES RULE!**



# Physician Billing to All Insurers and Medicare

- Bill **individual** established pt E/M visit for **each** OP
  - CPT codes: 99213, 99214, 99215
  - Select code for each OP that matches *level of service* provided, and supported by documentation
  - Cannot bill according to counseling time on the clock
  - Some payers require **code modifier TT** be appended to E/M code (individualized services with multiple pts)
    - ✘ Medicare does **NOT** recognize this modifier

# Physician Billing to All Insurers and Medicare

- Some private payers have instructed physicians to bill office visit (99212 - 99215) based on entire group visit
- For compliance purposes, it is recommend that you ask for these instructions **in writing** and keep them on file as you would any other advice from a payer



# Physician and Educator Billing to Medicare

- To increase reimbursement success:
  - Bill under physician's NPI# for individual established pt medical (E/M) visits
  - **If billing DSMT:**
    - DSMT program must have AADE accreditation or ADA recognition
    - **Rendering** provider can be NPI# of DSMT program and **billing** provider can be NPI# of organization that is sponsor of program

# Physician Billing to Medicare

- **What does Medicare say?**
  - No Medicare official payment/coding rules published
  - This question was sent to CMS with request for official response: *“the most appropriate CPT code to submit when billing for a documented face-to-face evaluation and management service performed in the course of a shared medical appointment, the context of which is educational”*

# Physician Billing to Medicare

- Request further clarified:

*"In other words, is Medicare payment for CPT code 99213, or other similar evaluation and management codes, dependent upon the service being provided in a private exam room or can these codes be billed if the identical service is provided in front of other patients in the course of a shared medical appointment?"*

# Physician Billing to Medicare

- Response from CMS was:  
*"...under existing CPT codes and Medicare rules, a physician could furnish a medically necessary face-to-face E/M visit (CPT code 99213 or similar code depending on level of complexity) to a patient that is observed by other patients. From a payment perspective, there is no prohibition on group members observing while a physician provides a service to another beneficiary."*
- CMS' letter also stated that any activities of group (incl. group counseling activities) should NOT impact level of code reported for individual patient.

	2 Hr SMA: 1:1 E/M Visits in Group + Lifestyle $\Delta$	Traditional 1:1 E/M Visits
Aver. # pts seen	10	10
Total time spent	2 hrs; <i>but 1 hr for MD/NP</i>	3.3 hrs (~ 20 min/pt)
Lifestyle/behavior $\Delta$ benefit billed	1 x 10 pts @ ~ \$20/pt	None
# individual E/M visits billed by physician/NPP and typical level of	10 x code 99214** @ ~ \$100/pt	10 x code 99214** @ ~ \$100/pt
Average insurance reimbursement	Lifestyle $\Delta$ : \$200/1 hr E/M: \$1000/1 hr	E/M: \$1000/ 3.3 hrs
Total insurance reimbursement revenue	Lifestyle + E/M: \$1200/2 hr E/M only: \$1000/1 hr	E/M: \$1000/3.3 hrs

**DO THE MATH! WIN-WIN FOR PHYSICIANS + BEHAVIORISTS**



# **SMA Behaviorist Billing to Medicare**

## **Behaviorist billing for 'lifestyle change' component**

- Bill group DSMT G0109 or group MNT 97804
- 2 ways to ↑ reimbursement success on claim form:
  1. Bill 2 SMA components on 2 separate claim forms for same beneficiary:
    - ❖ Provider E/M visit
    - ❖ Group DSMT code or group MNT code

# SMA Behaviorist Billing to Medicare

## Behaviorist billing for 'lifestyle change' component

2. Bill 2 SMA components on 1 claim for same beneficiary, but use *2 different rendering provider NPI numbers* for provider E/M visit and group DSMT or group MNT
  - ❖ Obtain NPI number for **certified** DSMT program

# SMA Behaviorist Billing to Private Payers

## Behaviorist billing for 'lifestyle change' component:

### FIRST:

- Most diabetes SMAs include 2<sup>nd</sup> separate lifestyle change/patient education component that occurs *after physician's medical visits...* example:

# **SMA Behaviorist Billing to Private Payers**

## **Behaviorist billing for 'lifestyle change' component:**

- Examples:
  - Medical nutrition therapy
  - Diabetes self-management education/training
  - Health behavior intervention
  - Other similar interventions with established procedure codes for this type of intervention
    - Each healthcare insurer decides which codes are covered by each of their plans

# SMA Behaviorist Billing to Private Payers

Behaviorist billing for 'lifestyle change' component

## SECOND:

- Know that some diabetes SMAs do **NOT** always include **MNT/DSME/HBI** component....but may provide **non-billable** lifestyle change component

# SMA Behaviorist Billing to Private Payers

## Behaviorist billing for 'lifestyle change' component

### ○ Example:

- Podiatrist gives 30-min. foot care review that is NOT part of certified DSME program
  - ❖ Thus, not billable education...and does NOT allow physician to ↑ level of E/M code
  - ❖ Physician bills only for individual, established pt E/M encounter for each OP in SMA

# SMA Behaviorist Billing to Private Payers

## Behaviorist billing for 'lifestyle change' component

- Private payers
  - Identify which **lifestyle change/patient education benefits** are covered by private payers' various health plans
  - These will be the benefits to be billed to private payers





# Lifestyle change/patient education benefits

**MDC = Medicare Does Cover (Many Rules Exist!)**

- |                                                                 |            |
|-----------------------------------------------------------------|------------|
| 1. Medical Nutrition Therapy (T1, T2, Pre-Dialysis Renal)       | <b>MDC</b> |
| 2. Intensive Behavioral Therapy for Obesity                     | <b>MDC</b> |
| 3. Behavioral Therapy for Cardiovascular Disease                | <b>MDC</b> |
| 4. Education and Training for Patient Self-Management           |            |
| 5. Weight Management Classes, <b>Non-Physician</b> Provider     |            |
| 6. Nutrition Classes, <b>Non-Physician</b> Provider             |            |
| 7. Nutrition Counseling, <b>Dietitian</b> Visit                 |            |
| 8. Preventive Medicine Counseling/Risk Factor Reduction         |            |
| 9. Educational Services Rendered to Pts in <b>Group</b> Setting |            |

# Lifestyle change/patient education benefits

- |                                                                                   |            |
|-----------------------------------------------------------------------------------|------------|
| 10. Diabetes Outpatient Self-Management Training                                  | <b>MDC</b> |
| 11. Diabetic Management Program, <b>Follow-Up</b> Visit to <b>Non-MD Provider</b> |            |
| 12. Diabetic Management Program, <b>Follow-Up</b> Visit to <b>MD Provider</b>     |            |
| 13. Diabetic Management Program, <b>Nurse</b> Visit                               |            |
| 14. Diabetic Management Program, <b>Dietician</b> Visit                           |            |
| 15. Diabetic Management Program, <b>Group</b>                                     |            |

# Lifestyle change/patient education benefits

16. Preventive medicine evaluation and management of individual that is age and gender appropriate

17. Health and behavior assessment and intervention **MDC**

18. Dietary Behavioral Counseling in Primary Care\*

*\*Is ACA Preventive Service that must be covered by non-grandfathered (new as of 9-23-10) health plans*

19. Physician or other qualified healthcare professional qualified by education, training, licensure/regulation (when applicable) **educational services** rendered to patients in **group** setting; e.g., prenatal, obesity, or diabetic instructions (99078)

# How to ID IF Benefits Covered by Health Plans

How? 6 possible ways:

1. Review all of your providers' **in-network provider contracts**
2. Contact insurer's **Provider Relations Dept.** by phone, citing in-network providers' contract numbers, and ask about coverage using:
  - Names of benefits in this slide deck, and/or
  - Procedure codes of benefits

# How to ID IF Benefits Covered by Health Plans

3. Contact insurer's **Subscriber/Patient Coverage Dept.** by phone....cite subscriber's number....and ask about coverage, citing:
  - Specific names of benefits in this slide deck, and/or
  - Procedure codes of benefits

# How to ID IF Benefits Covered by Health Plans

4. Access **insurer's website** to determine if insurer has secure **subscriber coverage portal** that can be accessed by in-network and out-of-network providers
5. Access subscriber's coverage via **electronic claims submission software** that may be provided by insurer

# How to ID IF Benefits Covered by Health Plans

6. Insert patient's "swipe/scan healthcare ID card" in special card reader provided by insurer

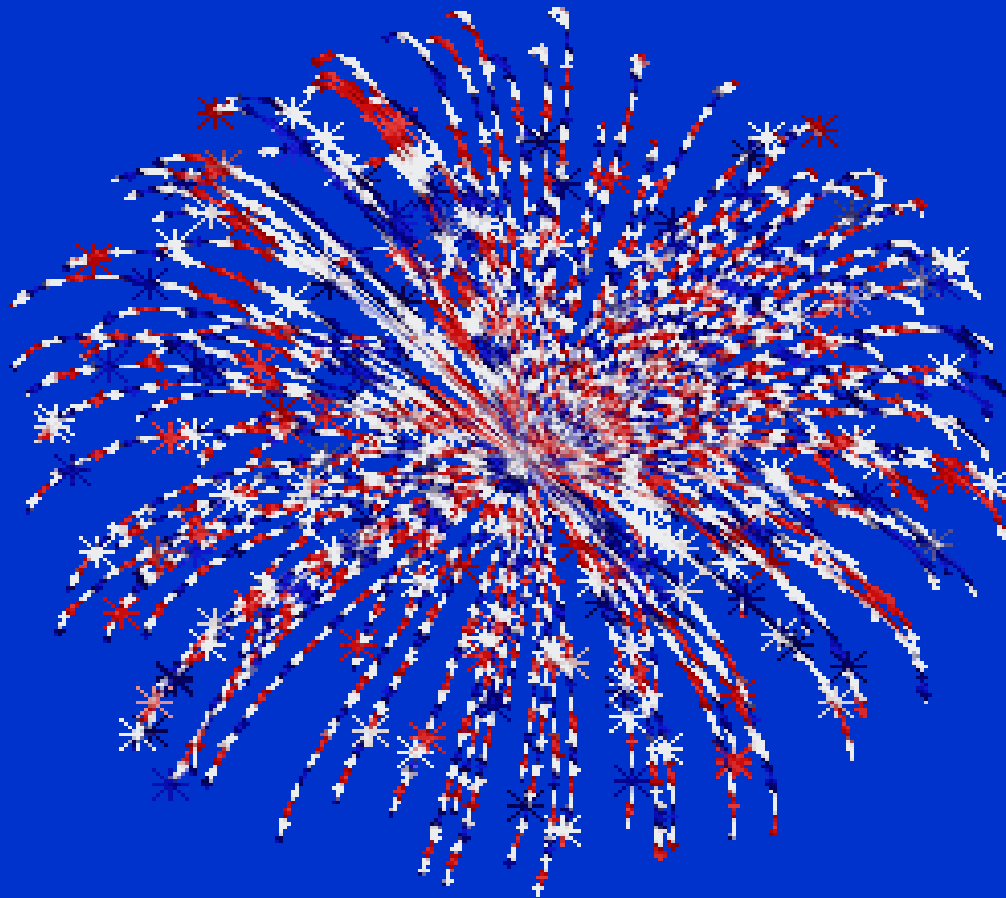
**Picture of Magnetic Swipe Insurance Card Reader:**



**Keep database of results...update regularly!**



**IN CONCLUSION:  
SMAs are a GOOD Thing for Most Patients  
with Chronic Diseases!**



**CONSIDER STARTING SMAs NOW!  
ALL IT TAKES IS A LITTLE DESIRE  
AND STRENGTH ON YOUR PART!**



**YOUR PATIENTS, PROVIDERS & STAFF  
WILL LOVE YOU FOR IT!**



**DO YOUR HOMEWORK, BE PREPARED AND  
TAKE THE PLUNGE!**



**OTHERWISE, YOU'RE GOING TO WAKE UP  
ONE MORNING, AND REALIZE YOU'VE  
MADE A SIGNIFICANT BOO-BOO!**





# EFFECT OF INFORMATION OVERLOAD



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# Resources by Mary Ann Hodorowicz

## ***Turn Key Materials for AADE DSME Program Accreditation***

- DSME Program Policy & Procedure Manual Consistent with NSDSME (72 pages)
- Medicare, Medicaid and Private Payer Reimbursement
- Electronic and Copy-Ready/Modifiable Forms & Handouts
- Fun 3D Teaching Aids for AADE7 Self-Care Topics
- Complete Business Plan

## ***3-D DSME/T and Diabetes MNT Teaching Aids 'How-To-Make' Kit***

- Kit of 24 monographs describing how to make Mary Ann's separate 3-D teaching aids plus fun teaching points, evidence-based guidelines and references

## ***Money Matters in MNT and DSMT: Increasing Reimbursement Success in All Practice Settings, The Complete Guide ©, 5th. Edition, 2014***

## ***Establishing a Successful MNT Clinic in Any Practice Setting©***

## ***EZ Forms for the Busy RD©: 107 total, on CD-r; Modifiable; MS Word***

- Package A: Diabetes and Hyperlipidemia MNT Intervention Forms, 18 Forms
- Package B: Diabetes and Hyperlipidemia MNT Chart Audit Worksheets: 5 Forms
- Package C: MNT Surveys, Referrals, Flyer, Screening, Intake, Analysis and Other Business/Office and Record Keeping Forms: 84 Forms